



CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

on 1-20-05

Jeffrey R. Kuester

In Re Application of:

Confirmation No.: 6605

Frank, et al.

Group Art Unit: 3629

Serial No.: 09/750,001

Examiner: Ouellette, Jonathan P.

Filed: December 29, 2000

Docket No.: 190252-1220

For: **System and Method for Marketing, Managing and Maintaining Intellectual Property**

The following is a list of documents enclosed:

- Return Postcard
- Petition for Extension of Time - 1 month
- Amendment Transmittal
- Fee Transmittal
- Credit Card Authorization - Authorizing \$120.00
- First Response with Amendments

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

Customer No.: **38823**

AMENDMENT TRANSMITTAL LETTER (LARGE)

Docket No.

Applicant(s): FRANK, ET AL.

190252-1220

JAN 24 2005

Serial No.
09/750,001Filing Date
December 29, 2000Examiner
Ouellette, J. P.Confirmation No.
6605Group Art Unit
3629**Invention: System and Method for Marketing, Managing and Maintaining Intellectual Property**

Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450

Transmitted herewith is the First Response with Amendments and Petition for Extension of time (1 month) in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	51 -	52 =	0	X \$50.00	\$0
INDEP. CLAIMS	6 -	6 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable)				\$360.00	\$0
EXTENSION FEE	1 ST MONTH <input checked="" type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$120.00
Other Fees:					\$
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT	\$120.00

- No additional fee is required.
 Please charge Deposit Account No. _____ in the amount of _____.
 A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
 A Credit Card Payment Form PTO-2038 is attached in the amount of \$120.00 (for 1 mo. EOT).
 The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

Jeffrey R. Kuester, Reg. No. 34,367

1-20-05

Date